COMPLIANCE AGENT IN-SERVICE TRAINING ENROLLMENT

Form Code: PSS_CT Fee Code: 133

Application Fee - \$50.00

Check or Money Order payable to:

Check or Money Order payable to: Treasurer, Commonwealth of Virginia Or apply online:

http://www.dcjs.org/privatesecurity/watson.cfm
Application Fees are Non-Refundable

COMMONWEALTH OF VIRGINIA

Department of Criminal Justice Services
Private Security Services Section
P.O. Box 10110
Richmond, VA 23240-9998

Phone #: (804) 786-4700; Fax #: (804) 786-6344

Website: www.dcjs.org/privatesecurity

Status Hodinas (804) 784-1122 or 1-877-05747118

Status Hotline: (804) 786-1132 or 1-877-9STATUS

1.	. Applicant Name:			
	Last Name	First Name	MI	
2.	. Social Security #:	Date of Birth		
			mm/dd/yy	
3.	. Mailing Address: Number and Street	City/Town	State Zip	
4.	. Telephone: Residence Business		_ Fax	
5.	May the Department provide information via an e-mail address? Yes No			
6.	. E-Mail Address:			
7.	. Are you currently employed by a Private Security Busin	ness? Yes	□ No	
	If yes, Business Name:	DCJS	S ID# <u>11-</u>	
	NOTE: You may be designated as a compliance agent for only one licensed Private Security Business at a time.			
8.	. Has your current compliance agent certification expired	?	□ No	
	*If Yes, pursuant to the Regulations, you may apply for and attend in-service training within 30 days after the expiration date and include an additional \$25.00 delinquent training fee along with your application fee. If 30 days has elapsed, this application may not be processed and entry-level compliance agent training is required.			
9.	Have you been convicted or found guilty of a felony or misdemeanor (not to include minor traffic violations) in Virginia or any other jurisdiction to include military court martial or currently under protective orders within the past two (2) years? Yes No			
	If <u>Yes</u> , please attach a <u>Private Security Criminal History Supplemental Form</u> (PSS_CHS) and all requested criminal history documentation. <i>This form may be found on our website</i> <u>www.dcjs.org/privatesecurity</u> under Form Name: PSS_CHS.			

Have you committed any act or omission which resulted in a license, certification or registration being suspended, revoked, not renewed or being otherwise disciplined in any local, state (including Virginia) or national regulatory body?			
□No			
Yes If yes, attach copies of any correspondence or documentation related to this mathematical the name of the jurisdiction in which it took place, the license number and the business/individual involved. Provide an explanation of the events, including of the disciplinary proceeding and the type of sanctions that were imposed.	name of the		
Training Date/Location Requested: Applicants will be enrolled in the training of their choice if available, or the first available session, for which you will receive a confirmation. Training dates and locations may be viewed on the website www.dcjs.org/privatesecurity .			
Date: Location:			
12. Do you require disability accommodations? No Yes (please specify)			
I, the undersigned, certify that all information contained on this application is true and correct my knowledge and I have not omitted any pertinent information. I understand that any misrefalsification or omission of pertinent information may be cause for denial and may result in charges. I understand that I am responsible for maintaining full compliance with Virginia Co 9.1-138 through 9.1-150 and the Regulations Relating to Private Security Services 6VAC 20-	presentation, riminal ode Sections		
Applicant's Signature Date:	dd/yy		